United Nations E/ICEF/2001/P/L.42/Add.1

Economic and Social Council

Distr.: Limited
9 November 2001
English
Original: English/French

For action

United Nations Children's Fund
Executive Board
Second regular session 2001
10-14 December 2001
Item 5 of the provisional agenda*

Country programme recommendation**

Algeria

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the amount of $5,628,000 from regular resources, subject to the availability of funds, and $3,000,000 in other resources, subject to the availability of specific-purpose contributions, for the country programme of Algeria for the period 2002 to 2006.

* E/ICEF/2001/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

01-62972 (E) 161101 231101

Contents

	Page
The situation of children and women	3
Programme cooperation, 1998-2001	4
Recommended programme cooperation, 2002-2006	6

List of tables

1.	Basic statistics on children and women[1]	10
2.	Expenditure under previous cooperation period, 1998-2001	12
3.	Planned yearly expenditures	13
4.	Linkage of programme budget and staffing/staff costs	14

[1] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. Algeria has undergone significant political and socio-economic changes since 1998. The Government has made the return to peace and stability its political priority which, having been endorsed by the referendum on civil concord, should open the way to national concord and an irreversible political consensus on democracy and the rule of law. Thousands of people have laid down their weapons and have been pardoned or amnestied. Violence has declined considerably and the security situation has improved, although it remains a matter of concern. Isolated acts of terrorism continue to target the population, in particular women and children. A new impetus has been given to the transition to the market economy. The full impact of this impetus has yet to be felt. Algeria's economy is heavily dependent on oil revenues. Algeria imports between 60 and 70 per cent of its food requirements. According to the National Economic and Social Council, over 30 per cent of the population is living below the poverty line. Although inflation has been brought under control (1.5 per cent in 2000), the erosion of personal purchasing power is worsening (15 per cent over the past two years in inflation-adjusted dinars). Unemployment remains at a high level (29 per cent of the active population, and nearly 55 per cent in the 20 to 24 year age group). This situation is likely to exacerbate poverty and exclusion.

2. The results of the multiple indicator cluster survey (MICS2) conducted in 2000 show that the end-decade objectives have been achieved in large part at the national level. Nevertheless, disparities persist at the regional and local levels.

3. The infant mortality rate (IMR) has not fallen significantly for a decade (between 32 and 36 per 1,000 live births). This tendency towards stagnation is indicative of health system trends in Algeria. This system was considered to be effective until the end of the 1980s. It was based on consistent State financing and health cover provided almost exclusively by the public sector. Currently it is in a complex transition phase characterized by retrenchment and increasing scarcity of State financial resources, substantial privatization of medical practice and a health insurance system that is in deficit. This diagnosis, made in the course of national meetings on the subject of health in 1998, calls for reforms which must emphasize decentralization, a cross-sectoral approach, the participation of civil society and the promotion of programmes at the local level. Neonatal mortality represents 50 per cent of the IMR, revealing the inadequacies of maternal health services and of perinatal and neonatal care. The other major causes remain respiratory infections and acute diarrhoea. Immunization coverage has increased, reaching a rate of 83 per cent in 1999. The rate varies significantly, ranging from 48 to 95 per cent, depending on the *wilaya* (province). No cases of polio have been reported since 1997. According to the national survey of maternal mortality carried out in 1999 with the assistance of the World Health Organization and UNICEF, the maternal mortality rate is 117 per 100,000 live births. Severe and moderate malnutrition is particularly rampant in the south of the country, where it reaches 15.2 per cent among the under-fives compared with 6 per cent nationally.

4. With respect to education, the Government has made a priority of the reconstruction of over 500 schools destroyed by terrorism. According to Ministry of Education figures, the net school enrolment rate at primary level has fallen slightly from 95 per cent in 1995 to 94 per cent in 1998 (91 per cent among girls as against 94 per cent among boys). Enrolment rates are well below the national average in the

wilayas in the south and in the highlands: it is 69 per cent in Djelfa, 79 per cent in Médéa, 78 per cent in Tamanrasset (72 per cent for girls, 82 per cent for boys), and 81 per cent in Ghardaia (70 per cent for girls; 90 per cent for boys). The quality of teaching is the subject of frequent criticism. The school dropout rate is high: in 1999, 20 per cent of the school-age population was not enrolled. A consensus has taken shape concerning the need for a wide-ranging reform of the educational system. Thirteen per cent of young people between the ages of 15 and 24 years, and 19 per cent of girls in the same age group are illiterate. In rural areas, 23 per cent of young people are illiterate, 71 per cent of them being girls. Violence in school has shown a tendency to increase in recent years. This problem is being given special attention by the authorities and civil society.

5. Tens of thousands of children and women have been subjected to extreme violence as a result of the prevailing insecurity throughout the country. They have been severely traumatized and need care and routine and long-term monitoring. Preliminary results of the survey on the magnitude and impact of the traumatic events affecting children carried out in 2000 show that these children are mostly from very disadvantaged groups. A generation of children has become adult virtually without any adequate support. Such support will enable them to be rehabilitated psychologically and reintegrated into society, and it will prevent a resurgence of violence in the long term.

6. Out of a total population of 31 million, 253,526 children with disabilities (0-18 years of age) were registered in 1998. The number of children abandoned in institutional care is estimated at over 3,000 per year, whereas the admission capacity of orphanages is only 1,000 places. A survey of child labour in Algeria carried out in 1999 with the support of UNICEF estimates that approximately 5 per cent of children aged between 5 and 18 years are working, and that 28 per cent of them are under 14. Data relating to juvenile delinquency, child abuse, drug addiction, prostitution among minors, and the employment of children are generally inadequate and in some cases non-existent.

7. Much has changed over the past decade with regard to the media, thanks in particular to the emergence of a dynamic private press. Television and radio remain in State ownership. Television is unquestionably the main news medium, and over 95 per cent of households own a television set. Another noteworthy feature is the presence in the field of numerous non-governmental organizations (NGOs) all of which are potential forces for social mobilization.

8. Data pertaining to economic and social matters come from a number of sources. The various national institutions have their own systems of data collection and also utilize surveys and studies. However, there is no machinery for the coordination and exchange of data between the various sectors concerned.

Programme cooperation, 1998-2001

9. The 1998-2001 programme (E/ICEF/1997/P/L.26 and Corr.1) has been extended for one year by a short-duration programme (E/ICEF/2000/P/L.40) in line with those being run by the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA), in order to consolidate the achievements of the 1998-2000 cycle and back the Government's structural reforms.

10. Under the health programme, UNICEF helped to organize vaccination campaigns against poliomyelitis in the 28 most disadvantaged *wilayas*, where the average rate of polio vaccination coverage went up from 70 per cent in 1997 to 91 per cent in 2000 (MICS2). UNICEF has also helped to strengthen the national epidemiological monitoring system and to enhance the skills of 1,276 doctors and paramedics in the field of maternal and child health.

11. UNICEF has supported the Government in its efforts to improve the quality of education, especially by incorporating global education in teaching methods. To that end, UNICEF organized training seminars for teachers from 25 primary schools, for the benefit of 10,000 pupils. UNICEF has also helped to equip 100 school canteens in poor areas feeding 10,000 children, to train school doctors, basic education inspectors and school canteen managers and to produce management and food hygiene handbooks. In addition, 533 literacy instructors received training and 100 functional literacy classes catering for 3,000 persons were set up in 10 *wilayas*.

12. UNICEF furthered the establishment of a project on the psychological care of child victims of violence by furnishing significant technical and material support. This project was chiefly financed by the Norwegian Government and helped to boost the national capacity to care for traumatized children by training 80 psychiatrists and psychologists in the appropriate techniques, training 1,000 teachers and school inspectors in the regions most affected by violence in diagnosis techniques, acquiring 525 psychological tests, giving logistic support, providing psychological monitoring of children in inaccessible and remote areas and establishing a documentation, information and training centre on trauma at the National Institute of Public Health (INSP). UNICEF made a financial and technical contribution to the setting up of three centres offering psychological counselling to children who have been traumatized by the violence, which are managed by three national NGOs. A survey of the extent and impact of trauma among children was carried out.

13. UNICEF contributed to the adoption of a national programme for the integration of children with disabilities through advocacy and the provision of equipment for 10 pilot classes of sight-impaired and mentally disabled pupils. The programme also strengthened the clinical and educational capacities of a day hospital for autistic and psychotic children. Two studies were produced (on child abuse and child labour) with a view to addressing the new problems confronting society.

14. UNICEF encouraged thinking and organized debates on the universal rights of children and on the Convention on the Rights of the Child through inter alia the production of films, the production and dissemination of information, education and communication materials, including materials in Braille and the organization of colloquiums attended by representatives of governmental institutions, NGOs and universities and by social workers, within the framework of the Global Movement for Children. This advocacy has resulted in the preparation of a national integrated programme for the care of children traumatized by violence. The founding of a children's rights observatory is under consideration.

15. A community development project was established in collaboration with UNDP and UNFPA in the Timimoun region in the far south of Algeria. The particular aim of the UNICEF contribution is to promote girls' education.

Lessons learned from recent cooperation

16. Two shortcomings were identified when the 1998-2001 programme of cooperation was being carried out. The first was related to the geographical spread of operations, which made it difficult to link activities and assess their impact. The second was related to the definition of objectives and strategies, which did not always rest on rigorously defined criteria or on a definite monitoring and evaluation system.

17. Consequently, programmes should be effectively decentralized and integrated at an intrasectoral and cross-sectoral level, while pilot projects should be expanded in high-risk areas, for local authorities are well established and often possess considerable implementation resources. This will permit the concentration and optimization of resources. The planning and programming process should also be streamlined and, above all, the system for evaluating and monitoring the country programme should be placed on a sound footing and strengthened.

18. The noteworthy features of the cooperation programme include its great adaptability to a particularly difficult and volatile situation, thanks to the constant endeavour to serve the higher interests of children and the flexibility characterizing the management of the programme. Moreover, it must be emphasized that the Algeria-UNICEF Cooperation Committee has provided a framework for consultation and coordination, which has made for closer cross-sectoral contacts between agencies and strengthened the participation of NGOs.

Recommended programme cooperation, 2002-2006

Regular resources: $5,628,000

Other resources: $3,000,000

Recommended programme cooperation[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Health and nutrition	1 301	800	2 101
Education	1 259	900	2 159
Child protection	1 242	1 300	2 542
Communication, monitoring and evaluation	968	-	968
Cross-sectoral costs	858	-	858
Total	**5 628**	**3 000**	**8 628**

[a] The breakdown of estimated annual expenditure is shown in table 3.

Preparation of the country programme

19. This programming exercise was conducted with the participation of all governmental partners, specialized agencies, NGOs, academics and various United Nations agencies. It was carried out in several stages: (a) updating of the analysis of

the situation of mothers and children; (b) organization of a two-day discussion on the future of children within the framework of the Global Movement for Children, which brought together more than 40 representatives of the various actors referred to above; (c) an internal planning exercise supported by the Regional Bureau, which outlined the thrust of cooperation and defined the objectives and strategies; and (d) programming and planning meetings with all partners, leading to the identification of fields of cooperation and the adoption of objectives and the underlying strategies. The final document has been sent to the diplomatic missions of the States members of the Executive Board accredited to Algeria.

Goals and objectives of the country programme

20. The aim of the cooperation programme is to assist the Government's efforts to (a) reduce infant and maternal mortality, (b) lessen the impact of poverty and violence on children and (c) narrow geographical and gender disparities.

Links with national and international priorities

21. The framework of standards laid down in the Convention on the Rights of the Child guide all aspects of the programme, which has been adjusted to take account of the Government's structural reforms in the economic, education and health fields. The recommendations made by the United Nations Committee on the Rights of the Child during the consideration of Algeria's report in 1997 served as a reference when this programme was drawn up. Account has been taken of the Common Country Assessment and of the United Nations Development Assistance Framework (UNDAF).

Programme strategy

22. At the national level, Algeria has attained a fair number of the objectives of the World Summit for Children. Most of the interventions supported by UNICEF will therefore focus mainly on the groups for which those objectives have not been attained, in particular in the most disadvantaged regions of the country. The programme will also include selective activities at the national level, in areas in which changes in policy and government action have the potential to bring about a decisive improvement in the situation of children and contribute to ensuring their rights.

23. The programme will be based on: (a) the development of initiatives at the local level, in particular with community participation, in pilot regions for the development of convergent and cross-sectoral activities; (b) the strengthening of management at the national level; (c) the strengthening of advocacy and social communication; and (d) the development of a partnership for respect for, and the defence of, the rights of the child, based on a strategic alliance between the institutions of the State, community organizations, local communities and the United Nations system.

24. *Health and nutrition.* This programme will be based on two projects. The first, at the national level, will be underpinned by advocacy and technical and material

support. It will aim to preserve the attainments of national programmes in the areas of immunization and combating maternal mortality and micronutrient deficiencies. It will also help to strengthen the follow-up and evaluation system. It will support the development of policies relating to emerging problems (drug dependence, HIV/AIDS, accidents and disabilities).

25. The second project, which is complementary to the first, is intended to promote initiatives at the local level with community participation. It will contribute, in particular, to the introduction of integrated treatment of childhood diseases in a number of pilot regions; increased access to antenatal care and assisted childbirth services; and improved quality of those services in three communes in the south of the country. It will also help to boost immunization rates through the development of micro-planning in six communes with low immunization coverage.

26. *Education.* This programme will contribute to the national efforts to promote high-quality education for all. It comprises two complementary projects. Under the first project, UNICEF will contribute nationally to the process of reform through support for teacher training and the improvement of the quality and relevance of learning. Research and advocacy efforts will also be undertaken with a view to improving conditions for school enrolment and ensuring respect for children's rights at school and the social integration of children with specific needs.

27. Through the second project, UNICEF will support pilot initiatives at the local level to increase the level of school enrolment, particularly for girls; to reduce school wastage; and to improve the quality of teaching. UNICEF will contribute, in particular, to the promotion and establishment of a network of child-friendly schools with a view to creating the conditions for broadly-based community participation. UNICEF will also support the reintegration in school of children who are outside the education system.

28. *Child protection.* This programme will help to improve the protection and well-being of children in difficulty. It comprises two projects. The first, in the 10 *wilayas* most seriously affected by violence, will focus on psycho-social support for traumatized children, with family and community participation. UNICEF will provide technical and material assistance for such support and for the social reintegration of such children. In addition, UNICEF will strengthen national capacities for the establishment of an information, follow-up and evaluation system. UNICEF will support research and training activities in the field of trauma.

29. The second project will facilitate the setting up of pilot projects at the local level to develop models of care and social reintegration for children with disabilities, abandoned children and vulnerable adolescents. The information system and the legal mechanisms for intervention and prevention will be strengthened.

30. *Communication, monitoring and evaluation.* This programme consists of two projects. The aim of the first is to promote the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. It will be implemented partly by mobilizing the institutional bodies and the NGOs. A national cross-sectoral plan for social communication and advocacy will be carried out, in order to provide families with the necessary knowledge to improve their quality of life.

31. The second project will help to set up a national mechanism for the application and monitoring of the two Conventions, based inter alia on an ongoing system for gathering and analysing data on women and children.

32. The budget for cross-sectoral costs will be used to finance the following posts: a programme administrator, a programme assistant, an administrative assistant responsible for monitoring and evaluation, a procurement officer and a driver. It will also cover general programme expenditure.

33. *Monitoring and evaluation.* Monitoring, evaluation and research will be improved with a view to ensuring that the programme is properly managed, by means of an effective system for gathering and analysing data relating to the cooperation programme. An integrated monitoring and evaluation plan will be developed and carried out, using key indicators. The programmes and projects will be evaluated by means of annual reviews and a mid-term review, planned for 2004.

Collaboration with the other partners

34. UNICEF is taking part in the formulation of UNDAF, the final version of which has just been completed. UNICEF has harmonized its programme cycle with those of UNDP and UNFPA. It will be requesting other resources for pilot projects to be launched during the next programme, especially in areas of the country which have been identified as pockets of poverty and high risk. Together with the Office of the United Nations High Commissioner for Refugees (UNHCR), the World Food Programme, the Red Crescent Society and the NGOs, UNICEF will be contributing to the humanitarian care of refugee children living in the far south of the country. In this context, it expects to sign a partnership agreement with UNHCR.

Programme management

35. The programme is managed, under the auspices of the Ministry of Foreign Affairs, by a cross-sectoral committee for monitoring and evaluation, Algeria-UNICEF, with representatives from all the agencies involved in the cooperation programme. NGOs are taking part on an ad hoc basis in the monthly meetings held by the Committee. The UNICEF office will draw up an organization chart to meet the requirements of the new cooperation programme, taking account of the guidelines laid down by headquarters.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Algeria	(1999 and earlier years)		UNICEF country classification
Under-five mortality rate	65	(2000)	Middle U5MR
Infant mortality rate	50	(2000)	Middle IMR
GNP per capita	$ 1550	(1999)	Lower Middle Income
Total population	30.8 million	(1999)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000
Births	(thousands)	670	812	775	748
Infant deaths (under 1)	(thousands)	96	76	33	37
Under-five deaths	(thousands)	157	109	41	49
Under-five mortality rate (per 1,000 live births)		234	134	53	65
Infant mortality rate (under 1) (per 1,000 live births)		143	94	42	50

		About 1990	Most recent
Underweight children (under 5) (% weight for age, 1992/2000)	Moderate & severe	9	6
	Severe	..	1
Babies with low birth weight (%, 1987)		9	..
Primary school children reaching grade 5 (%, 1990/1998)		94	95

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.)(%, 1995/2000)	48	16
Timely complementary feeding rate (6-9 mos.)(%, 1995/2000)	29	38
Continued breast-feeding rate (20-23 mos.) (%, 1995/2000)	21	22
Prevalence of wasting (0-59 mos.) (%, 1992/2000)	6	3
Prevalence of stunting (0-59 mos.) (%, 1992/2000)	18	18
Vitamin A supplementation coverage (%)	..	..
Household consuming iodized salt (%, 2000)	..	69

HEALTH INDICATORS		About 1990	Most recent
ORT use rate (%, 1995)		..	98
Routine EPI vaccines financed by government (%, 1999)		..	100
Use of improved drinking water sources (% of population, 2000)	Total	..	89
	Urban/rural	../..	94/82
Use of improved sanitation facilities (% of population, 2000)	Total	..	92
	Urban/rural	../..	99/81
Births attended by trained personnel (%, 1992)		77	..
Maternal mortality rate (per 100,000 live births, 1980)		220	..

Immunization		1981	1985	1990	1995	1999
One-year-old (%) immunized against:	Tuberculosis	..	86	94	93	97
	DPT	..	70	82	76	83
	Polio	31	69	89	83	83
	Measles	..	68	71	77	83
Pregnant women (%) immunized against:	Tetanus	0	0	9	41	53

TABLE 1 (continued)

Algeria

EDUCATION INDICATORS		About 1990	Most recent
Primary enrolment ratio (gross/net) (%, 1990/1996, 1990/2000)	Total	100/93	107/97
	Male	108/99	113/98
	Female	92/87	102/96
Secondary enrolment ratio (gross/net) (%, 1990/1996)	Total	61/54	63/56
	Male	67/60	65/58
	Female	54/48	62/54
Adult literacy rate, 15 years & older (%, 1990/2000)	Total	53	63
	Male/female	66/39	75/51
Radio/television sets (per 1,000 population, 1990/1997)		233/74	242/105

DEMOGRAPHIC INDICATORS		1970	1980	1990	1999	2000
Total population	(thousands)	13746	18740	24855	29755	30291
Population aged 0-18 years	(thousands)	7532	9998	12109	12664	12657
Population aged 0-5 years	(thousands)	2674	3365	3654	3518	3519
Urban population (% of total)		39.5	43.5	52.6	61.7	62.6
Life expectancy at birth (years)	Total	53	59	66	69	70
	Male	52	58	65	68	68
	Female	54	60	67	71	71
Total fertility rate		7.4	6.8	4.5	3.1	3.0
Crude birth rate (per 1,000 population)		49	43	31	25	25
Crude death rate (per 1,000 population)		16	12	7	6	5

		About 1990	Most recent
Contraceptive prevalence rate (%, 1992/1995)		47	52
Population annual growth rate (%, 1970-90/1990-99)	Total	3.0	2.3
	Urban	4.4	3.8

ECONOMIC INDICATORS		About 1990	Most recent
GNP per capita annual growth rate (%, 1980-90/1990-1990-99)		-0.3	-0.4
Inflation rate (%, 1980-89,1990-98)		5	21
Population below $1 a day (%, 1990-99)		..	2
Household income share (%, 1995)	Top 20%/bottom 40%	../..	43/19
Government expenditure (% of total expenditure, 1999)	Health/education	../..	4/24
	Defense	..	17
Household expenditure (% share of total, 1980 or 1985)	Health/education	../..	../..
Official development assistance: (1990/1998)	$US millions	225	389
	As % of GNP	0	1
Debt service (% of goods and services exports, 1990/1997)		68	24

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1998-2001 a/

COUNTRY: ALGERIA
LATEST BOARD APPROVAL: 2000
REGULAR RESOURCES: $ 3,853,000

(In thousands of United States dollars)

Programme sector/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
	RR	OR	RR	OR	RR	OR	RR	OR						
Health	243	(44)	48	5	69	0	418	32	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Education	96	109	53	97	50	10	185	75	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Child protection	75	350	0	30	26	32	160	161	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Social mobilization and advocacy	57	0	0	0	56	0	283	1	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Cross-sectoral costs	31	0	0	0	193	0	158	11	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
GRAND TOTAL	[illegible]	415	[illegible]	133	[illegible]	42	1,284	280	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 21 May 2001.
b/ = Includes $1,885,000 (E/ICEF/2000/P/L.40) for 2001 short duration programme.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: ALGERIA
PROGRAMME CYCLE : 2002-2006

	FUND	2002	2003	2004	2005	2006	TOTAL
SANTE ET NUTRITION	RR	261,000	260,000	260,000	260,000	260,000	1,301,000
	OR	160,000	160,000	160,000	160,000	160,000	800,000
	TOTAL	421,000	420,000	420,000	420,000	420,000	2,101,000
EDUCATION	RR	255,000	254,000	250,000	250,000	250,000	1,259,000
	OR	180,000	180,000	180,000	180,000	180,000	900,000
	TOTAL	435,000	434,000	430,000	430,000	430,000	2,159,000
COMMUNICATION, SUIVI ET EVALUATION	RR	194,000	196,000	196,000	191,000	191,000	968,000
	OR						
	TOTAL	194,000	196,000	196,000	191,000	191,000	968,000
PROTECTION DE L'ENFANT	RR	250,000	250,000	247,000	250,000	245,000	1,242,000
	OR	260,000	260,000	260,000	260,000	260,000	1,300,000
	TOTAL	510,000	510,000	507,000	510,000	505,000	2,542,000
COUTS TRANSVERSAUX	RR	164,000	166,000	173,000	175,000	180,000	858,000
	OR						
	TOTAL	164,000	166,000	173,000	175,000	180,000	858,000
TOTAL, PROGRAMME BUDGET	RR	1,124,000	1,126,000	1,126,000	1,126,000	1,126,000	5,628,000
	OR	600,000	600,000	600,000	600,000	600,000	3,000,000
	TOTAL	1,724,000	1,726,000	1,726,000	1,726,000	1,726,000	8,628,000
STAFF COSTS a/		461,080	484,680	509,525	535,676	549,583	2,540,544
GENERAL OPERATING COSTS		171,360	173,870	193,300	189,300	197,300	925,130
TOTAL, ESTIMATE SUPPORT BUDGET		632,440	658,550	702,825	724,976	746,883	3,465,674
GRAND TOTAL		2,356,440	2,384,550	2,428,825	2,450,976	2,472,883	12,093,674

RR = regular resources
OR = other resources

a/ Including consultants and temporary assistance.

E/ICEF/2001/P/L.42/Add.1

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : ALGERIA
PROGRAMME : 2002-2006

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
SANTE ET NUTRITION	1,301,000		1,301,000	0	0	0	0	0	0	0	1	0	1	0	121,915	121,915
EDUCATION	1,259,000		1,259,000	0	0	0	0	0	0	0	1	0	1	0	121,915	121,915
COMMUNICATION, SUIVI ET EVAL	968,000		968,000	0	0	0	0	0	0	0	1	1	2	0	192,775	192,775
PROTECTION DE L'ENFANT	1,242,000		1,242,000	0	0	0	0	0	0	0	0	0	0	0	0	0
COUTS TRANSVERSAUX	858,000		858,000	0	0	0	0	0	0	0	2	4	6	0	525,773	525,773
TOTAL RR	5,628,000		5,628,000	0	0	0	0	0	0	0	5	5	10	0	962,378	962,378
OTHER RESOURCES :																
SANTE ET NUTRITION		800,000	800,000	0	0	0	0	0	0	0	0	0	0	0	0	0
EDUCATION		900,000	900,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PROTECTION DE L'ENFANT		1,300,000	1,300,000	0	0	0	0	0	0	0	1	2	3	0	238,388	238,388
TOTAL OR		3,000,000	3,000,000	0	0	0	0	0	0	0	1	2	3	0	238,388	238,388
TOTAL RR & OR	5,628,000	3,000,000	8,628,000	0	0	0	0	0	0	0	6	7	13	0	1,200,766	1,200,766
SUPPORT BUDGET	Operating costs		925,130													
	Staffing			0	0	1	1	0	0	2	1	5	8	2,052,431	488,113	2,540,544
GRAND TOTAL (RR + OR + SB)				0	0	1	1	0	0	2	7	12	21	2,052,431	1,688,879	3,741,310
	Number of posts and staff costs:															
	Current programme cycle									1	6	13	20			
	At the end of proposed programme cycle (indicative only)									2	7	12	21	2,052,431	1,688,879	3,741,310

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.